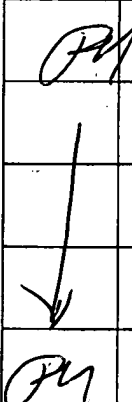
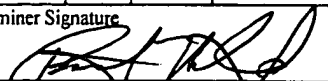
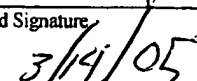


PTO/SB/08A				Complete if Known	
Substitute for Form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number	
				Filing Date	
				First Named Inventor	
				Group Art Unit	
				Examiner Name	
Sheet	1	Of	1	Attorney Docket Number	
				02/041 VAT	

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Examiner Initials*	Cite No.	U. S. Patent Number	Kind Code	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Class	Sub class

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Examiner Signature					Date Considered Signature				
									

IDS in spec (7.14.03)